

Competencies for Early Childhood/Special Education Integrated Birth-Kindergarten

2021

In addition to the Arkansas Teaching Standards, teachers with Birth-Kindergarten, Special Education Integrated, shall demonstrate knowledge and competencies in the following areas:

Standard	Competency	DEC Recommended Practices
1. Child Development and Learning in Context <i>NAEYC: Standard 1</i> <i>Praxis (5023):Sections I and II</i> <i>EI/ECSE: Standard 1</i>	<p>1.1 Understand the developmental and milestones of early childhood from birth through age 5 years across physical, cognitive, social and emotional, and linguistic domains, including bilingual/multilingual development.</p> <p>1.2 Understand and value each child as an individual with unique developmental variations, experiences, strengths, interests, abilities, challenges, approaches to learning, and with the capacity to make choices.</p> <p>1.3 Understand the ways that child development and the learning process occur in multiple contexts, including family, culture, language, community, and early learning setting, as well as in a larger societal context that includes structural inequities.</p> <p>1.4 Use this multidimensional knowledge—that is, knowledge about the developmental period of early childhood, about individual children, and about development and learning in cultural contexts—to make evidence- based decisions that support each child.</p>	<p>1.5:</p> <ul style="list-style-type: none"> • A3: Practitioners use assessment materials and strategies that are appropriate for the child’s age and level of development and accommodate the child’s sensory, physical, communication, cultural, linguistic, social, and emotional characteristics. • A10: Practitioners use assessment tools with sufficient sensitivity to detect child progress, especially for the child with significant support needs. <p>1.6:</p> <ul style="list-style-type: none"> • INS2: Practitioners, with the family, identify skills to target for instruction that help a child become adaptive, competent, socially connected, and engaged and that promote learning in natural and inclusive environments. • INS4: Practitioners plan for and provide the level of support, accommodations, and adaptations needed for the child to access, participate, and learn within and across activities and routines.

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	<ul style="list-style-type: none"> • Trauma Informed Care related to Adverse Childhood Experiences (ACEs) how multiple risk and protective factors affect children's development over time. <p>1.5: Demonstrate an understanding of the impact that different theories and philosophies of early learning and development have on assessment, curriculum, intervention, and instruction decisions.</p> <p>1.6: Apply knowledge of normative sequences of early development, individual differences, and families' social, cultural, and linguistic diversity to support each child's development and learning across contexts.</p> <p>1.7: Apply knowledge of biological and environmental factors that may support or constrain children's early development and learning as they plan and implement early intervention and instruction.</p> <p>1.8: Demonstrate an understanding of characteristics, etiologies, and individual differences within and across the range of abilities, including developmental delays and disabilities, their potential impact on children's early development and learning, and implications for assessment, curriculum, instruction, and intervention.</p>	<ul style="list-style-type: none"> • INS11: Practitioners provide instructional support for young children with disabilities who are dual language learners to assist them in learning English and in continuing to develop skills through the use of their home language. <p>1.7:</p> <ul style="list-style-type: none"> • A4: Practitioners conduct assessments that include all areas of development and behavior to learn about the child's strengths, needs, preferences, and interests. <p>1.8:</p> <ul style="list-style-type: none"> • A3: Practitioners use assessment materials and strategies that are appropriate for the child's age and level of development and accommodate the child's sensory, physical, communication, cultural, linguistic, social, and emotional characteristics. • A8: Practitioners use clinical reasoning in addition to assessment results to identify the child's current levels of functioning and to determine the child's eligibility and plan for instruction. • INS4: Practitioners plan for and provide the level of support, accommodations, and adaptations needed for the child to access, participate, and learn within and
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		<p>across activities and routines.</p> <ul style="list-style-type: none"> • INS10: Practitioners implement the frequency, intensity, and duration of instruction needed to address the child's phase and pace of learning or the level of support needed by the family to achieve the child's outcomes or goals. • INS11: Practitioners provide instructional support for young children with disabilities who are dual language learners to assist them in learning English and in continuing to develop skills through the use of their home language.
<p>2. Family – Teacher Partnerships and Community Connections</p> <p><i>NAEYC: Standard 2</i></p> <p><i>Praxis (5023): Section V</i></p> <p><i>EI/ECSE: Standards 2 and 3</i></p>	<p>2.1: Know about, understand, and value the diversity of families.</p> <p>2.2: Collaborate as partners with families in young children's development and learning through respectful, reciprocal relationships and engagement.</p> <p>2.3: Use community resources to support young children's learning and development and to support families, and build partnerships between early learning settings, schools, and community organizations and agencies.</p> <p>2.4: Apply their knowledge of family-centered practices, family systems theory, and the changing needs and priorities in families' lives to develop trusting, respectful, affirming,</p>	<p>2.4:</p> <ul style="list-style-type: none"> • F1: Practitioners build trusting and respectful partnerships with the family through interactions that are sensitive and responsive to cultural, linguistic, and socio-economic diversity. • F3: Practitioners are responsive to the family's concerns, priorities, and changing life circumstances. • F5: Practitioners support family functioning, promote family confidence and competence, and strengthen family-child relationships by acting in ways that recognize and build on family strengths and capacities.

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	<p>and culturally responsive partnerships with all families that allow for the mutual exchange of knowledge and information.</p> <p>2.5: Communicate clear, comprehensive, and objective information about resources and supports that help families to make informed decisions and advocate for access, participation, and equity in natural and inclusive environments.</p> <p>2.6: Engage families in identifying their strengths, priorities, and concerns; support families to achieve the goals they have for their family and their young child's development and learning; and promote families' competence and confidence during assessment, individualized planning, intervention, instruction, and transition processes.</p> <p>2.7: Apply teaming models, skills, and processes, including appropriate uses of technology, when collaborating and communicating with families; professionals representing multiple disciplines, skills, expertise, and roles; and community partners and agencies.</p> <p>2.8: Use a variety of collaborative strategies when working with other adults that are evidence-based, appropriate to the task, culturally and linguistically responsive, and take into consideration the environment and service delivery approach.</p>	<p>2.5:</p> <ul style="list-style-type: none"> • F2: Practitioners provide the family with up-to-date, comprehensive and unbiased information in a way that the family can understand and use to make informed choices and decisions. • F7: Practitioners work with the family to identify, access and use formal and informal resources and supports to achieve family-identified outcomes for goals. • F8: Practitioners provide the family of a young child who has or is at risk for developmental delay/disability, and who is a dual language learner, with information about the benefits of learning in multiple languages for the child's growth and development. • F9: Practitioners help families know and understand their rights. • F10: Practitioners inform families about leadership and advocacy skill-building opportunities and encourage those who are interested to participate. <p>2.6:</p> <ul style="list-style-type: none"> • A1: Practitioners work with the family to identify family preferences for assessment processes. • F3: Practitioners are responsive to the family's concerns, priorities, and changing life circumstances.
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	<p>2.9: Partner with families and other professionals to develop individualized plans and support the various transitions that occur for the young child and their family throughout the birth through five (5) age span.</p>	<ul style="list-style-type: none"> • F4: Practitioners and the family work together to create outcomes or goals, develop individualized plans, and implement practices that address the family's priorities and concerns and the child's strengths and needs. • F5: Practitioners support family functioning, promote family confidence and competence, and strengthen family-child relationships by acting in ways that recognize and build on family strengths and capacities. • F6: Practitioners engage the family in opportunities that support and strengthen parenting knowledge and skills and parenting competence and confidence in ways that are flexible, individualized, and tailored to the family's preferences. • TR2: Practitioners use a variety of planned and timely strategies with the child and family before, during and after the transition to support successful adjustment and positive outcomes for both the child and family. <p>2.7:</p> <ul style="list-style-type: none"> • TC1: Practitioners representing multiple disciplines and families work together as a team to plan and implement supports and services to meet the unique needs of each child and family.
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		<ul style="list-style-type: none"> • TC2: Practitioners and families work together as a team to systematically and regularly exchange expertise, knowledge, and information to build team capacity and jointly solve problems, plan, and implement interventions. • TC3: Practitioners use communication and group facilitation strategies to enhance team functioning and interpersonal relationships with and among team members. • TC4: Team members assist each other to discover and access community-based services and other informal and formal resources to meet family-identified needs. • TC5: Practitioners and families may collaborate with each other to identify one practitioner from the team who serves as the primary liaison between the family and other team members based on child and family priorities and needs. <p>2.8:</p> <ul style="list-style-type: none"> • TC1: Practitioners representing multiple disciplines and families work together as a team to plan and implement supports and services to meet the unique needs of each child and family.
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		<ul style="list-style-type: none"> • TC2: Practitioners and families work together as a team to systematically and regularly exchange expertise, knowledge, and information to build team capacity and jointly solve problems, plan, and implement interventions <p>2.9:</p> <ul style="list-style-type: none"> • TC1: Practitioners representing multiple disciplines and families work together as a team to plan and implement supports and services to meet the unique needs of each child and family. • TR1 Practitioners in sending and receiving programs exchange information before, during, and after transition about practices most likely to support the child's successful adjustment and positive outcomes. • TR2 Practitioners use a variety of planned and timely strategies with the child and family before, during, and after the transition to support successful adjustment and positive outcomes for both the child and family.
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<p>3. Child Observation, Documentation, and Assessment</p> <p><i>NAEYC: Standard 3</i></p> <p><i>Praxis (5023): Sections II & III</i></p> <p><i>EI/ECSE: Standard 4</i></p>	<p>3.1: Understand that assessments (formal and informal, formative and summative) are conducted to make informed choices about instruction and for planning in early learning settings.</p> <ul style="list-style-type: none"> • Child Assessments per A.C.A. 6-45-110 <p>3.2: Know a wide range of types of assessments, their purposes, and their associated methods and tools.</p> <p>3.3: Use developmental screenings and assessment tools in ways that are ethically grounded and developmentally, ability, culturally, and linguistically appropriate in order to document developmental progress and promote positive outcomes for each child.</p> <p>3.4: Knowledge of early childhood special education referral process in Arkansas for early interventions.</p> <p>3.5: Build assessment partnerships with families and professional colleagues.</p> <p>3.6: Understand the purposes of formal and informal assessment, including ethical and legal considerations, and use this information to choose developmentally, culturally and linguistically appropriate, valid, reliable tools and methods that are responsive to the characteristics of the young child, family, and program.</p> <p>3.7 Develop and administer informal assessments and/or select and use valid, reliable formal assessments using evidence-based practices, including technology, in</p>	<p>3.6:</p> <ul style="list-style-type: none"> • A3: Practitioners use assessment materials and strategies that are appropriate for the child's age and level of development and accommodate the child's sensory, physical, communication, cultural, linguistic, social, and emotional characteristics. • A4: Practitioners conduct assessments that include all areas of development and behavior to learn about the child's strengths, needs, preferences, and interests. • A5: Practitioners conduct assessments in the child's dominant language and in additional languages if the child is learning more than one language. • A6: Practitioners use a variety of methods, including observation and interviews, to gather assessment information from multiple sources, including the child's family and other significant individuals in the child's life. • A7: Practitioners obtain information about the child's skills in daily activities, routines, and environments such as home, center, and community. • A8: Practitioners use clinical reasoning in addition to assessment results to identify the child's current levels of functioning and to
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	<p>partnership with families and other professionals.</p> <p>3.8: Analyze, interpret, document, and share assessment information using a strengths-based approach with families and other professionals.</p> <p>3.9: Collaborating with families and other team members, use assessment data to determine eligibility, develop child and family-based outcomes/goals, plan for interventions and instruction, and monitor progress to determine the efficacy of programming.</p>	<p>determine the child's eligibility and plan for instruction.</p> <p>3.7:</p> <ul style="list-style-type: none"> • A2: Practitioners work as a team with the family and other professionals to gather assessment information. • A6: Practitioners use a variety of methods, including observation and interviews, to gather assessment information from multiple sources, including the child's family and other significant individuals in the child's life. • A10: Practitioners use assessment tools with sufficient sensitivity to detect child progress, especially for the child with significant support needs. <p>3.8:</p> <ul style="list-style-type: none"> • A1: Practitioners work with the family to identify family preferences for assessment processes. • A10: Practitioners use assessment tools with sufficient sensitivity to detect child progress, especially for the child with significant support needs. • A11: Practitioners report assessment results so that they are understandable and useful to families.
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	<p>3.9:</p> <ul style="list-style-type: none"> • A3: Practitioners use assessment materials and strategies that are appropriate for the child's age and level of development and accommodate the child's sensory, physical, communication, cultural, linguistic, social, and emotional characteristics. • A4: Practitioners conduct assessments that include all areas of development and behavior to learn about the child's strengths, needs, preferences, and interests. • A5: Practitioners conduct assessments in the child's dominant language and in additional languages if the child is learning more than one language. • A6: Practitioners use a variety of methods, including observation and interviews, to gather assessment information from multiple sources, including the child's family and other significant individuals in the child's life. • A7: Practitioners obtain information about the child's skills in daily activities, routines, and environments such as home, center, and community. • A8: Practitioners use clinical reasoning in addition to assessment results to identify the child's current levels of functioning and to determine the child's eligibility and
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		<p>plan for instruction.</p> <ul style="list-style-type: none"> • A9: Practitioners implement systematic ongoing assessment to identify learning targets, plan activities, and monitor the child's progress to revise instruction as needed. • A10: Practitioners use assessment tools with sufficient sensitivity to detect child progress, especially for the child with significant support needs.
<p>4. Using Developmentally, Culturally, and Linguistically Appropriate Teaching Approaches</p> <p><i>NAEYC: Standard 4</i></p> <p><i>Praxis II (5023): Sections II and III</i></p> <p><i>EI/ECSE: Standard 6</i></p>	<p>4.1: Understand and demonstrate positive, caring, supportive relationships and interactions as the foundation of early childhood educators' work with young children.</p> <p>4.2: Understand and use teaching skills that are responsive to the learning trajectories of young children and to the needs of each child, recognizing that differentiating instruction, incorporating play as a core teaching practice, and supporting the development of executive function skills are critical for young children.</p> <p>4.3: Use a broad repertoire of developmentally appropriate, culturally and linguistically relevant, anti-bias, evidence-based teaching skills and strategies that reflect the principles of universal design for learning.</p> <ul style="list-style-type: none"> • Environmental Rating Scale (ERS), Developmentally Appropriate Practices 	<p>4.4:</p> <ul style="list-style-type: none"> • F4: Practitioners and the family work together to create outcomes or goals, develop individualized plans, and implement practices that address the family's priorities and concerns and the child's strengths and needs. • INS6: Practitioners use systematic instructional strategies with fidelity to teach skills and to promote child engagement and learning. • INS10: Practitioners implement the frequency, intensity, and duration of instruction needed to address the child's phase and pace of learning or the level of support needed by the family to achieve the child's outcomes or goals. <p>4.5:</p> <ul style="list-style-type: none"> • F4: Practitioners and the family work

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	<p>(DAP), Arkansas Child Development and Early Learning Standards (ACDELS) to promote High Quality Instructional Materials (HQIM)</p> <p>4.4: Partnership with families to identify systematic, responsive, and intentional evidence-based practices and use such practices with fidelity to support young children's learning and development across all developmental and academic content domains.</p> <p>4.5: Engage in reciprocal partnerships with families and other professionals to facilitate responsive adult-child interactions, interventions, and instruction in support of child learning and development.</p> <p>4.6: Engage in ongoing planning and use flexible and embedded instructional and environmental arrangements and appropriate materials to support the use of interactions, interventions, and instruction addressing developmental and academic content domains, which are adapted to meet the needs of each and every child and their family.</p> <p>4.7: Promote young children's social and emotional competence and communication, and proactively plan and implement function-based interventions to prevent and address challenging behaviors.</p> <p>4.8: Identify and create multiple opportunities for young children to develop and learn play skills and engage in</p>	<p>together to create outcomes or goals, develop individualized plans, and implement practices that address the family's priorities and concerns and the child's strengths and needs.</p> <ul style="list-style-type: none"> • INS1: Practitioners, with the family, identify each child's strengths, preferences, and interests to engage the child in active learning. • INS2: Practitioners, with the family, identify skills to target for instruction that help a child become adaptive, competent, socially connected, and engaged and that promote learning in natural and inclusive environments. • TC1: Practitioners representing multiple disciplines and families work together as a team to plan and implement supports and services to meet the unique needs of each child and family. <p>4.6:</p> <ul style="list-style-type: none"> • E1: Practitioners provide services and supports in natural and inclusive environments during daily routines and activities to promote the child's access to and participation in learning experiences. • E3: Practitioners work with the family and other adults to modify and adapt the physical, social, and temporal environments to promote each child's access to and
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	<p>meaningful play experiences independently and with others across contexts.</p> <p>4.9: Use responsive interactions, interventions, and instruction with sufficient intensity and types of support across activities, routines, and environments to promote child learning and development and facilitate access, participation, and engagement in natural environments and inclusive settings.</p> <p>4.10: Plan for, adapt, and improve approaches to interactions, interventions, and instruction based on multiple sources of data across a range of natural environments and inclusive settings.</p>	<p>participation in learning experiences.</p> <ul style="list-style-type: none"> INS2: Practitioners, with the family, identify skills to target for instruction that help a child become adaptive, competent, socially connected, and engaged and that promote learning in natural and inclusive environments. <p>4.7:</p> <ul style="list-style-type: none"> A4: Practitioners conduct assessments that include all areas of development and behavior to learn about the child's strengths, needs, preferences, and interests. E3: Practitioners work with the family and other adults to modify and adapt the physical, social, and temporal environments to promote each child's access to and participation in learning experiences. INS2: Practitioners, with the family, identify skills to target for instruction that help a child become adaptive, competent, socially connected, and engaged and that promote learning in natural and inclusive environments. INS6: Practitioners use systematic instructional strategies with fidelity to teach skills and to promote child engagement and learning. INS9: Practitioners use functional assessment and related prevention, promotion, and intervention strategies
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		<p>across environments to prevent and address challenging behavior.</p> <ul style="list-style-type: none"> • INT1: Practitioner's promote the child's social-emotional development by observing, interpreting, and responding contingently to the range of the child's emotional expressions. • INT2: Practitioners promote the child's social development by encouraging the child to initiate or sustain positive interactions with other children and adults during routines and activities through modeling, teaching, feedback, or other types of guided support. • INT3: Practitioners promote the child's communication development by observing, interpreting, responding contingently, and providing natural consequences for the child's verbal and non-verbal communication and by using language to label and expand on the child's requests, needs, preferences, or interests. <p>4.8:</p> <ul style="list-style-type: none"> • INS7: Practitioners use explicit feedback and consequences to increase child engagement, play, and skills. • INT4: Practitioners promote the child's cognitive development by observing, interpreting, and
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		<p>responding intentionally to the child's exploration, play, and social activity by joining in and expanding on the child's focus, actions, and intent.</p> <p>4.9:</p> <ul style="list-style-type: none"> • INS1: Practitioners, with the family, identify each child's strengths, preferences, and interests to engage the child in active learning. • INS3: Practitioners gather and use data to inform decisions about individualized instruction. • INS4: Practitioners plan for and provide the level of support, accommodations, and adaptations needed for the child to access, participate, and learn within and across activities and routines. • NS5: Practitioners embed instruction within and across routines, activities, and environments to provide contextually relevant learning opportunities. • INS10: Practitioners implement the frequency, intensity, and duration of instruction needed to address the child's phase and pace of learning or the level of support needed by the family to achieve the child's outcomes or goals.
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		<p>4.10:</p> <ul style="list-style-type: none"> • A2: Practitioners work as a team with the family and other professionals to gather assessment information. • E4: Practitioners work with families and other adults to identify each child's needs for assistive technology to promote each child's access to and participation in learning experiences. • E5: Practitioners work with the family and other adults to acquire or create appropriate assistive technology to promote each child's access to and participation in learning environments. • INS3: Practitioners gather and use data to inform decisions about individualized instruction. • TC1: Practitioners representing multiple disciplines and families work together as a team to plan and implement supports and services to meet the unique needs of each child and family.

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<p>5. Knowledge, Application, and Integration of Academic Content in the Early Childhood Curriculum</p> <p><i>NAEYC: Standard 5</i></p> <p><i>Praxis (5023): Sections III & IV</i></p> <p><i>EI/ECSE: Standard 5</i></p>	<p>5.1: Understand content knowledge— the central concepts, methods and tools of inquiry, and structure-and resources for the academic disciplines in an early childhood curriculum.</p> <p>5.2: Understand pedagogical content knowledge—how young children learn in each discipline based on the most current research—and how to use the teacher's knowledge and practices described in Standards 1 through 4 to support young children's learning in each content area.</p> <ul style="list-style-type: none"> ● Modifying teaching practices by applying, expanding, integrating, and updating their content knowledge in the disciplines, their knowledge of curriculum content resources, and their pedagogical content knowledge based on the most current research. <p>5.3: Focus on a child's ability to form trusting relationships with and attachment to adults; and the ability to make friends, interact positively through play, and develop social skills.</p> <p>5.4: Emphasize the child's expressions and regulation of his or her own emotions, as well as on empathy, and understanding the emotions of others.</p> <p>5.5: Chart the development of a child's sense of identity and understanding of personal characteristics and preferences and a child's development of autonomy and self-confidence.</p>	<p>5.30:</p> <ul style="list-style-type: none"> ● F4: Practitioners and the family work together to create outcomes or goals, develop individualized plans, and implement practices that address the family's priorities and concerns and the child's strengths and needs. ● F8 Practitioners provide the family of a young child who has or is at risk for developmental delay/disability, and who is a dual language learner, with information about the benefits of learning in multiple languages for the child's growth and development. <p>5.31:</p> <ul style="list-style-type: none"> ● E2: Practitioners consider Universal Design for Learning principles to create accessible environments. ● E3: Practitioners work with the family and other adults to modify and adapt the physical, social, and temporal environments to promote each child's access to and participation in learning experiences.
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	<p>5.6: Know the developmental phases of a child's determination, curiosity, ability to complete a task, and acceptance of challenges.</p> <p>5.7: Focus on a child's attention and ability to ignore distractions; engagement in learning opportunities; flexible thinking; ability to adjust behavior in different contexts; impulse control; delay of gratification; and ability to hold and manipulate information in his or her memory.</p> <p>5.8: Understand the development of a child's ability to solve problems; plan; engage in pretend play; understand symbolic representation; and the ability to think abstractly.</p> <p>5.9: Understand a child's growing ability to move, walk, run, and climb, as well as child's stability and balance and the ability to catch, throw, strike, and kick.</p> <p>5.10: Understand the development of hand-eye coordination, the child's ability to manipulate objects with his or her hands and fingers, and the ability to use different tools (utensils, writing instruments, etc.).</p> <p>5.11: Understand receptive language describes children's ability to understand and respond to language (in the child's home language).</p> <p>5.12: Understand receptive language describes children's</p>	
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	<p>ability to understand and respond to language (in the child's home language). This includes their understanding of an increasingly large vocabulary of words and their ability to comprehend and follow directions.</p> <p>5.13: Understand expressive language refers to a child's speaking vocabulary, grammar, and sentence structure, and clarity of communication.</p> <p>5.14: Know communication skills outline a child's ability to hold conversations and understand the social rules of language. Even young babies engage in "conversations" by making sounds or faces back-and-forth with adults.</p> <p>5.15: Know engagement in literacy experiences and having an understanding of stories and books outlines a child's growing level of engagement and interest with books and literacy experiences, as well as the child's ability to comprehend information from stories and books.</p> <p>5.16: Know phonological awareness focuses on the ways in which children explore, play, and manipulate the sounds of language.</p> <p>5.17: Understand knowledge and use of books, print, and letters charts the development of a child's understanding of letters, letter sounds, print concepts and book features, and early writing skills.</p>	
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	<ul style="list-style-type: none"> • EC Educators will demonstrate proficiency in the knowledge and best practices of science of reading instruction for preschool. Pre-K R.I.S.E. • EC Educators understand the key components of early language and literacy instruction including: Oral Language, Concepts of Print, Phonological Awareness, Phonemic Awareness, and Alphabet Knowledge • EC Educators understand that developmentally appropriate practice (DAP) includes a balance of teacher-led and student-led learning activities supported by the science of reading and based on instruction that is explicit and systematic <p>5.18: Understand a child's increasing knowledge of numbers and counting, the ability to compare whether items and groups are bigger or smaller than one another, as well as an understanding the relationship between a number and the quantity it represents, changes in quantity (addition and subtraction), and foundational concepts related to division and fractions.</p> <p>5.19: Know algebraic thinking charts a child's progression in the ability to sort objects and recognize and create patterns.</p>	
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	<p>5.20: Know participating in exploratory measurement activities and comparing objects focuses on a child's growing ability to measure, compare, and organize (seriate) objects.</p> <p>5.21: Know exploring and describing shapes and spatial relationships provides a progression of a child's knowledge of shapes and spatial sense, as well as the child's ability to manipulate shapes.</p> <p>5.22: Understand scientific practices focuses on the growth in a child's ability to ask questions, form hypotheses, collect and analyze data, and communicate the results to others.</p> <p>5.23: Understand knowledge of science of concept charts, the development of a child's understanding of systems (e.g., transportation system), the relationships between structure and function (e.g., round balls roll and plants need stems) and stability and change (e.g., living things grow and seasons change).</p> <p>5.24: Understand a child's growing understanding of living things, nature, and the environment, physical objects, as well as developmentally appropriate uses of technology and engineering practices to foster creativity and gain knowledge.</p>	
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	<p>5.25: Know that family, community, and culture that describes a child's development of family pride and positive social identity, including their participation as member of a learning community, their evolving family and cultural identity and their awareness of roles in society.</p> <p>5.26: Understand a child's growing awareness of time, including understanding of concepts such as past and future and change over time, as well as their knowledge of simple geographic concepts.</p> <p>5.27: Recognize that music and movement focuses on a child's growing ability to explore and move to music, understand music concepts, and appreciate music.</p> <p>5.28: Chart a child's visual arts progression in exploring and appreciating art, understanding art concepts, and expressing themselves through art.</p> <p>5.29: Understand a child's growing ability to explore drama, understand drama concepts, and appreciate and express themselves through drama.</p> <p>5.30: Collaborate with families and other professionals in identifying an evidence-based curriculum addressing developmental and content domains to design and facilitate meaningful and culturally responsive learning experiences that support the unique abilities and needs of all children and families.</p>	
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	5.31: Use knowledge of early childhood curriculum frameworks, developmental and academic content knowledge, and related pedagogy to plan and ensure equitable access to universally designed, developmentally appropriate, and challenging learning experiences in natural and inclusive environments.	
6. Professionalism as an Early Childhood Educator <i>NAEYC: Standard 6</i> <i>Praxis (5023): Sections VI</i> <i>EI/ECSE: Standard 7</i>	<p>6.1: Identify and involve themselves with the early childhood field and serve as informed advocates for young children, families, and the profession.</p> <p>6.2: Know about and uphold ethical and other early childhood professional guidelines.</p> <p>6.3: Use professional communication skills, including technology-mediated strategies, to effectively support young children's learning and development and to work with families and colleagues.</p> <p>6.4: Engage in continuous, collaborative learning to inform practice.</p> <p>6.5: Develop and sustain the habit of reflective and intentional practice in their daily work with young children and as members of the early childhood profession.</p>	<p>6.6:</p> <ul style="list-style-type: none"> L4: Leaders belong to professional associations and engage in ongoing evidence-based professional development. <p>6.7:</p> <ul style="list-style-type: none"> L9: Leaders develop and implement an evidence-based professional development system or approach that provides practitioners a variety of supports to ensure they have the knowledge and skills needed to implement the DEC Recommended Practices.

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	<p>6.6: Engage with the profession of EI/ECSE by participating in local, regional, national, and/or international activities and professional organizations.</p> <p>6.7: Engage in ongoing reflective practice and access evidence-based information to improve their own practices.</p> <p>6.8: Exhibit leadership skills in advocating for improved outcomes for young children, families, and the profession, including the promotion of and use of evidence-based practices and decision-making.</p> <p>6.9: Practice within ethical and legal policies and procedures.</p>	<p>6.8:</p> <ul style="list-style-type: none"> • L3: Leaders develop and implement policies, structures, and practices that promote shared decision making with practitioners and families. • L5: Leaders advocate for policies and resources that promote the implementation of the DEC Position Statements and Papers and DEC Recommended Practices. <p>6.9:</p> <ul style="list-style-type: none"> • L2: Leaders promote adherence to and model the DEC Code of Ethics, DEC Position Statements and Papers, and the DEC Recommended Practices. • L10: Leaders ensure practitioners know and follow professional standards and all applicable laws and regulations governing service provision. • F9: Practitioners help families know and understand their rights.
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<p>7. Early Childhood and Early Interventionist/Early Childhood Special Education Field Experiences</p>	<p>7.1: Opportunities to observe and practice in the Birth-3 years, 3 years-5 years and Kindergarten age groups.</p> <p>7.2: Opportunities to observe and practice in one of the following types of group early education settings serving three, four, and five year olds in Arkansas (Head Start, Arkansas Better Chance [ABC] pre-kindergarten or non-ABC funded pre-kindergarten in a public schools; ABC pre-kindergarten in non-public school settings; community based early care and education programs serving typically developing children; community based early care and education programs serving children identified with developmental concerns/atypical development.</p> <p>7.3: Candidates progress through a series of planned and developmentally sequenced field experiences for the early childhood age ranges (birth to age 3, 3 years through 5 years, and 5 years through Kindergarten), range of abilities, and in the variety of collaborative and inclusive early childhood settings that are appropriate to their license and roles. Clinical experiences should take place in the same age ranges covered by the license. If the license covers all three age ranges, the program must provide clinical experiences in at least two of the three age ranges and a field experience in the third age range. These field and clinical experiences are supervised by qualified professionals.</p>	
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